V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07198
1. PLACE OF DEATH	/press
County Savutt	Registration Dist. No. 74 /66
Village or City Oakland	No. 111 Third St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Eva Marian Walty	Growld.
(a) Residence: No. 111 Third.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale While widowed.	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
(or) WIFE of John W. arnold.	July 10 1933 to Jule 1/ 1933
6. DATE OF BIRTH (month, day, end yeer) abr - 28 - 1846	lest sew har alive on July 10 1933; death is seld
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 12 30 m.
86 2 /3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER.	Brough Dueumonia
SAW MILL, BANK, etc	
10. Date deceased last worked et this occupetion (month end spant in this	
year) occupetion	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	
(State or country) Particett	Levelity
13. NAME William Walty	
14. BIRTHPLACE (city or town) Swedely,	Neme of operation
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Mary Hauser.	23. If death wes due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) I Hagers town	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) makey land	Where did injury occur?
17, INFORMANT Mrs & eleleral a. Whoston	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) validand my 80 Third st	
18. BURIAL, CREMATION, OR REMOVAL Place Carlier & Detection 1 1982	Menner of Injury
Place Darklund Detecting 13, 1989	Neture of injury
19, HNDERTAKER EMISON Baldi -	24. Was disease or Injury In any wey releted to occupetion of deceesed?
(Address) Out line a ma	If so, specify
20. FILETULY 13 1933 Julia Youan	(Signed) /// therebully has
Revistrar.	(Address) Op Saleux M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

2

N. B.

should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

07193

1. PLACE OF DEATH	(131)
County Garrett	Registration Dist. No.
Village or City Swantow	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Margaret James Carret	Seal Bran
	a de la company
(a) Residence: No. Selfacettree (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale Titlete Mars	July 10 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of 12 A.C. 10 BASEL	22. I HEREBY CERTIFY, That I attended deceased from
Totaley Dray	Sept 1981, to July 10, 1933
6. DATE OF BIRTH (month, day, and year) Nov. 15 1869	I last saw her alive on July 19 1,19-33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
63 7 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, baceseurfe	Bilateral Keniplegia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Chr. nephrila 192?
SAW MILL, BANK, etc.	Hy kertension 192?
year)occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Sarrett Co.	Premature Semelete
(State or country) Md.	arterio-felerosis
13. NAME Nobert Campbell	
13. NAME To best completel	Name of operation Date of
(State or country) Scotland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Melingla Jane Dave 16. BIRTHPLACE (city or town) Darrett Cg. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Sarrtet Co.	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Tressa Breey Friend	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Swarton MH. Kaute 3	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Desauton, M. a. Date Jedly 12, 19. 33	Nature of injury
19. UNDERTAKER O. F. Sharpless	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Blaine 174. UD	If so, specify
HAMIO 33 PHROLIT	(Signed) a K. Sidler M.D.
20. FILE Registrat.	(Address) Blaine W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		W16 3 R-5	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-------	-----	---------	------------	----	-----------

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		/davis	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER STATEMENTS	BY	PHYSICIAN
------------------------	--------------------	----	-----------

V. S. No. 1

1.	PLACE OF DEATH	
	County Lamet	Registration Dist. No. 161
	Village or City	NoSt.,
2.		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmos
	(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SI	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ST. 1933
5a. I	f married, widowed, or divorced HUSBANO of (or) WIFE of	(Month) (Oay) (Ye
_	(or) wife of	
6. D	ATE OF BIRTH (month, day, and year) July 8-1933	I last saw halive on
7. A	GE Years Months Oays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
7	8. Trade, profession, or particular	Oateo
9	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillbon
OCCUPATION	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
000	10. Oate deceased last worked at this occupation (month and year)	
12. I	SIRTHPLACE (city or town)	Other Contributory Causes of importance:
~	(State er country) Lamit Co. Mr.	
Ī -	13. NAME History a take	
	14. BIRTHPLACE (city or town)	Name of operation Oate of
	(State or country) Tarrill Co, Mid.	What test confirmed diagnosis? Was thera an aulopsy?
T	15. MAIDEN NAME Frence OI. Vanachel	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19
	NFORMANT Wesley a Fike (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. B	SURIAL CREMATION OR REMOVAL	Manner of injury
	Place France med Date July 9- , 1933	Nature of injury
19. U	INOERTAKER W. Assertion (Address)	24. Was disease or injury In any/way related to occupation of deceased?
	HED My 9 th, 1933 canneth Statle	If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CENTRO	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of Y. That I attended deceased from (or) WIFE of 1933 : death is said 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months. Days 1 day, hrs. 13 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, O SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) 10. Date deceased last worked at this occupation (month and occupation. (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or tow (State or country) What tast confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? ______ Data of injury _____ 19___ 16. BIRTHPLACE (city or to (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, Manner of Injury Nature of injury____ 19. UNDERTAKER If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of cpilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

should state

STATE OF MARTLAND	CERTIFICATE OF DEATH 07203
1. PLACE OF DEATH	45
County Jane	Registration Dist. No.
Village or City Rolland, W.C.	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
WI II.	ds. The rong in 0.3.11 of foreign bittin
2. FULL NAME MOCKES Dece Pro	u.a.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGER, MARRIED, WIDOWED, OR DIVORCED Gyrife the world	21. DATE OF DEATH
Mala White Marria	(Moott) (Day) (Year)
5e, If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mrs. Catherinal Lewis	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) 1573-30-1849	I last saw have elive on
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, etm.
711 0 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular	were as follows: Originated in mucous membrane of Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	clock of the
A Industry or husiness in which	Carenous of Aaner
work was done, as SILK MILL, SAW MILL, BANK, etc	Dan F Face
- Spontin this	Hum on Lagre
year) occupetion occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Vastelli (Stets or country)	
The state of the s	
13. NAME 14. BIRTHPLACE (city or town). Warrely Con.	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
The state of the s	Whet test confirmed diagnosis? Wes there en europsy?
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN N	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
W . M . A . The state of the st	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MAIN Madeian Freeze	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
Place Usallow Tall Date Leele 21, 1933	Manner of injury
S ON BODA	Nature of injury
19. UNDERTAKER AND A CONTROL (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
23 10 8	(Signed) J. J. Broadwale M.D.
20. FILED CULY 9, 1920 TUST A DUCA REgistrar.	(Signed) M. D (Address) Oat Rand Title
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	cample I		Example II	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	ADE BERN	July 5, 1927	Perilonitis	3 days ago
	BUREAU Y	PD 0		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	LA	1	ľ	-	-	-		-	V
---	----	---	---	---	---	---	--	---	---

ż

CTATE OF	MADVI	AND CE	DTICICATE	OF DEAT	1
SIAIE UF	WART	AND-CE	RIIFILAIC	UF DEAL	П

07204

1. PLACE OF DEATH	1450
County Garnesty	Registration Dist. No.
Village or City Shall man	No. St., Ward
(II Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elloa Sorutta Luca	. Halin
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH LULY 9th 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. LI HEREBY CERTIFY. That I we have deceased from
6. DATE OF BIRTH (month, day, and year) aug 21 1913	I last saw han alive on his said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
6 / 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	belong childright
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and	\\ \text{\lambda} \\ \la
O 10. Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Ell Harden (State or country)	Other Coutributory Causes of importance:
II 13. NAME Isca n. Lyon	
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Oda Wilson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mus ada Lyons	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR-REMOVAL	Managed in Law
Place Place 1 1 1 1 Date alle 1 1 19 33	Manner of injury
19. UNDERTAKER G. F. Sharpland	24. Was disease or injury in any way related to occupation of deceased?
(Address)/Slainer W. Va	If so, specify
20. FILE SULF 1, 183 4 19 10 WILL Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
--------------------------------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07205
1. PLACE OF DEATH	159
Village or City Day and Ra	Registration Dist. No.
Things of Oily	Mo. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME In any Velines	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND OF B	22. I HEREBY CERTIFY. That I attended deceased from
1 1 1 3 3 3	10 33 , to 10 3 3 , 19 3 3
6. DATE OF BIKTH (month, day, and year)	llast saw h
7. AGE Years Months Oays If LESS than 1 day, J.O. hrs.	to have occurred on the date stated above, at he m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Jamah
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Oacland RN	Other Contributory Canoes of importance:
(State or country) Many Laure	
13. NAME Carlos Burlon Welmes 14. BIRTHPLACE (city or town) Oasland R. N.	
14. BIRTHPLACE (city or town) Oarland R. J	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Negal Ugrah Paux	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Nevel and Paris	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT (Address) Oard and and RN	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place of any Tamahan, Date Lung 9, 1933	Nature of injury
19. UNOERTAKER TO	24. Was disease or injury in any way related to occupation of deceased?
20. FILED ML1 8, 1938 Mlia Cowan. Registrar.	(Signed) . A . Transder M. D. (Address) Oorland Trul
Ik more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF	DEATH #	_		(1015)			, ,
County	Lerran	-	0		Registration	Dist. No. / C	0/
Village or Ci	ty Teare	Mic	(No. death occurred in a hospital or ins	titution give its NAM	St.,	War
Length of resid	lence in city or town where	death occurred	_yrs,mos		If of foreign birth?		the state of the s
2. FULL NAM	ME LOCK /	Maxime	- Spine	berson			
(a) Residence	ce: No. Feare	V. Garrel	t Co mag	St., Ward.			
PERSON	AL AND STATIS	(Usual place of a		MEDICAL		t give city or town as	nd State
3. SEX	4. COLOR OB RACE	5. SINGLE, MARRIE		21. DATE OF DEATH	CERTIFICATI	T DEATH	
Fernale	white	OR DIVORCED (write the word)	ZI. DATE OF BEAT	cely	/V	, 193 3
5a. If married, widowe HUSBAND of	ed, or divorced	1			(Month)	(Day)	(Year)
(or) WIFE of		-0		22. IHEREE	Y CERTIF	Y, Thet I attende	d deceesed from
6. DATE OF BIRTH (month, day, and year)	cr 26=	32	I last saw h alive on			death is sal
7. AGE Year		Days	If LESS than	to have occurred on the date st			7/100
	8		l day,hrs. ormin.	The PRINCIPAL CAUSE OF DE	ATH and related caus	ses of importance	Date of onse
8. Trade, profess	sion, or particular ork done, as SPINNER, BDDKKEEPER, etc	~		no de un	allend	auer	
a lindustry or b	usiness in which						
SAW MILL	done, as SILK MILL, ,, BANK, etc			meuron	ea, Bro	neno.	
- I tilla occup	ation (month and	11. Total time spent in	(years) n this		C.	wfp	
year)	9	Occupat	ion	Other Contributory Causes of In	aportence:		
12. BIRTHPLACE (city (State er count	,		0.0				
1	had on M	French .	ione.				
Ŧ	Gan	with ()	ud				
14. BIRTHPLACE (State or c	. ,						
15. MAIDEN NAM	IE Rubra	. E. Loude	mulk	What test confirmed diagnosis? 23. If death was due to external (
15. MAIDEN NAM	(city or town)	778	0	Accident, suicide, or homicida?.			
∑ (State or	country)	NO VB	ma	Where did injury occur?			
17. INFDRMANT				Specify whether injury occurred	(Specify city of In INDUSTRY, in H	r town, county and St OME, or in PUBLIC F	ate) LACE.
(Address)	ON OR REMOVAL		0				
18. BURIAL, CREMATI	are M	Date sely/6-	,19.3.3	Manner of Injury			
19. UNDERTAKER	oy Ha	wheel of		24. Wes disease or injury In eny	way related to occur	pation of deceased?	
(Address)	Brando	ville A	ya	If so, specify	11100 00		
20, FILED ruly	LS. 1933 Se	annelle.	Statle. Registrar.	(Signed)	Forend	urlle	md M. I
1) 0	If more	e blanks are needed, addre		2411 N. Charles Street, Baltimore,	Requesting U. S. No.	7.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 pp mhas	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		THE CENTRED IN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH 07207
1. PLACE OF DEATH	(159)
County Darrett	Registration Dist. No.
Village or City skellman	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) Ods. How long in U.S. if of foreign birth?
2/	
2. FULL NAME NEWLY WILLIAM O	any
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (Write the word) Control of Divorced (Write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Let I MEEBY CERTIFY, That I attended deceased from
6. OATE OF BIRTH (month, day, and year) seely 6 1933	I last saw h alive on fully 6 1, 1933; death is said
7. AGE Years Months Oays LESS than	to have occurred on the date stated above, at
0 0 orImin.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and spent in this spent in this	alebelia
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Skyllmar (State-fol country)	Other Coutributary Causes of importance:
14. BISTAPLACE (city or town)	Name of operation
(State of country)	What lest confirmed diagnosis? Was there en autopsy?
16. BIRTHPLACE (city or town) Sauce (State or country)	Redeath was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town). Sauce of the	Accident, suicide, or homicide?
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) I to Olivina Miles	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL Mediate July 9, 1933	Manner of injury
19. UNDERTAKER Othe F. Sharpless	24. Was disease or injury in any way related to occupation of deceased?
(Address) Black W. M.	If so, specify (Signed)
20. FILEOTOF 7 , 19 11 Daniel	The land mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting &S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- daviaoan	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		a		
	for	tat	PA	
	f in	S	no	
EA	10	oulc	00	
	ten	sho	Je	
	y	S	it c	1
	ver	IAN	mer	J
	E .	C	ate	
	RD	K	st	
	200	PH	act	
•	RE		Ex	
	E	Į,		
NG	E	H	fied	
	AM	A C	SSil	
Z	RM	×	cla	
<u>B</u>	PE	田	ly.	ate.
R	4	ted	per	ific
FO	SI	sta	pro	ert
MARGIN RESERVED FOR BINDING	SI	pe	pe	of c
VE	TH	P	Ly I	S. A.
J.R.	J	nou	ma	bad
SE	Z	S	# #	on
RE	5	GE	hat	ns
Z	Ĭ	V	90	ctio
GI	'AL	ed.	S,	tru
I.R.	Z	ildo	erm	ins
MA		Ins	n to	ee
	TH	lly.	lai	ζΩ.
	W	[mje	in I	nt.
	Υ,	ar	H	rta
	Z	96	AT	du
	AI	F	E	E
	PL	nou	OF	ver
	LE	S	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	RI	tion	SI	Z
=	M	ma	CA	TIC
No	B.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state		
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	1	-	1
-	1	1	1	-

	OF MARYLAND—	CERTIFICATE OF DEATH	7900
1. PLACE OF DEATH	.,	(31)	1208
County Tarrel	7	Registration Dist. No. 10)
Village or City Stud	nton	NoSt.,	Ward
Length of residence in city or town whe	1411.	f death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Wast	10 No it I	26,	
	2 orangion a		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and St	ale
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	>
male White	maried	(Month) (Day)	(Year)
5a. If married, widowed, or divorced	11114	//	
HUSBAND of Jara, ma	es Ushrufelter	1 HEKEBY CERTIFY, That I attended de	ceased from
C DATE OF BIRTH (month day and was)	11 10/1873	I last saw h im alive on July / 1933;	.,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12:4m5 Q 4	11.
60 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	1/4	were as follows:	Oate of onss
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	James	acute Oyllonephitis	une 19
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ours Zanani	myocardities 1	June 19
SAW MILL, BANK, etc	11. Total time (years)	-	
Date deceased last worked at this occupation (month and year)	3.3 spent in this land		
1 30	tinger	Other Contributory Causes of importance:	
(State or country)	Co Mary land	al T Suilit	
13. NAME (to a P.	ela).	- Shewwee - war	
13. NAME Leten		Name of operation Date of	
(State or country) Allo ake	a Ca Maryland	What test confirmed diagnosis? Was there an au*	nnsv?
15. MAIDEN NAME MEAN	R. ashla	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME MAN (State or country)	Jaklan d	Accident, suicide, or homicide? Date of injury	19
(State or country)	england	Where did injury occur?	
17. INFORMANT MA EU. J.J.	Lake	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) Swant	my mil	•	
18. BURIAL, CREMATION, OR REMOVAL	l Date Fuly 3, 1933	Manner of injury	
Place Carcana	Date 1907	Nature of injury	
19 UNDERTAKER EMSELY	Bollien,	24. Was disease or injury in any way related to occupation of deceased?	0
(Address) Falling	-ch Man	If so, specify	
20 mily 3 ,1930/	Hs Chas askly	(Signed) Willy My Mally a	M.
	Registrar.	(Address) Deaux W	
If me	are blanks are needed, address State Registrar	2411 N Charles Street Relimore Pennetten 91 S No -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

•	RECORD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	
.S. No. 1 () MARGIN RESERVED FOR BINDING	V. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

County Yarran	Registration Dist. No. 162
Village or City frauloville	NoSt,Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred,yrs	_mosds., How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Thuth Halan	Platter
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OF RACE 5. SINGLE, MARKIED, WIDOW OR DIVORCED (write the Mo	21. DATE OF DEATH
· V FREINCH	(Month) (Day) , 193 3 (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
DATE OF BIRTH (month, day, and year) Oct 31 - 19	3
AGE Years Months Days If LESS to	
7 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and delated causes of importance
8 Trade profession or particular	were as follows: Date of ons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
9. Industry or business in which	#
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occuration (month and	
cina occabación (montin and	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Trum Traspal Tlatter	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Armunda Dens!	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Armula Dens!	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Syvin / Jassal Tlatter	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Grantovelle	
8. BURIAL, CREMATION, OR REMOVAL Turned nate July 3 10	Manner of injury
Trace 1 19	Nature of injury
19. UNDERTAKER If M Hewlest bury	24. Wes disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED July 3, 1938 OHDill	(Signed) Of Surgary Act of 1/39 M.
Registro	(Address) Tyantovalle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LITTE V V S			
~ 6 404			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	F MAR	YLAND—	CERTIFICATE OF DEATH 1/210
County SARRET	7		Registration Dist. No.
Village or City Mouse	INLAK	(10	death occurred in a hospital or institution, give its NAME instead of street and number)
			ds. How long in U.S.lf of foraign birth?yrsmosds.
2. FULL NAME ALICE	IRGI		
(a) Residence: No. 15115-31	(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FRMALE WHITE	S. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word) WED	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of			22. HEREBY CERTIFY That I attended daceasad from
6. DATE OF BIRTH (month, day, and year)		- / -	I last saw h aliva on fully 30, 1933; death is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, at 7.30 m.
66 6	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceasad last worked at this occupation (month and year)	l occu	ima (yaars) ntin this pation	Dther Contributory Causes of Importance:
(State or country)		•	
13. NAME JAMES 14. BIRTHPLACE (city or town) (State or country)			Name of oparation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME SIDNE	YTRA	TVEKS	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)			Accidant, suicide, or homicide? Data of injury, 19 Where did Injury occur? (Specify city or town, county and State) Spacify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) / VIV-3/4/J.			
18. BURIAL, CREMATION, OR REMOVAL			Mannar of Injury
To Place N. A.J. H. LIN. G. TELD	Oate AUS	1933	Nature of injury
19. UNOERTAKER CM CAN (Address)	Balil	mod	24. Was disease or injury in any way ralated to occupation of deceasad? If so, specify
20. Neoly 31 ,1933	blanks are needed	Registrar.	(Signad) (Address)

04010

CENTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
À		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred PHYSICIANS How long in U.S. if of foreign birth?_____yrs.____mos.____ds. RECORD. (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEK 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tips word) Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREB-X CERTIFY. That I attended deceased from (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc... back may 9. Industry or business in which work was done, as SILK MILL plnous SAW MILL, BANK, etc ... 10. Data deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama of oparation (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?_____ Date of injury______ 19_ 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? ___. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pluods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION OF REMOVA CAUSE Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU V.)·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ack of certificate.
V. S. No. 1	N. B. WRITE PLAINLY, WITH UNFADING	mation should be carefully supplied. AGE	CAUSE OF DEATH in plain terms, so that	TION is very important. See instructions on back of certificate.

STATE C	OF MARYLAND-	-CERTIFICATE OF DEATH 07212
1. PLACE OF DEATH		(10)
County Garrett		Registration Dist. No. / 6/
Village or City Friends	ville med P. 7.1	NoSt., War
Length of residence in city or town where		(If death occurred in a hospital or institution, give its NAME instead of street and number) 105ds, How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME		Siries
(a) Residence: No.		St., Ward.
(a) Noordenide. No.	(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female avhile	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. 1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	July 16-1933	19
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
	-/2 1 day,hr	ware as follows.
8. Trade, profession, or particular kind of work done, as SPINNER,		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occased last worked at	***************************************	- Drw J
work was done, as SILK MILL, SAW MILL, BANK, etc.		a it was
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	Congenital delotity.
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Thereofor (State or country)	ville Md (LTD.	
13. NAME adolphus (C. Sines	
13. NAME Codolfshua (14. BIRTHPLACE (city or town) Friend (State or country)	Soule	Name of operation
(State of country)	ug	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Mu 16. BIRTHPLACE (city or town) Free (State or country)	Schroyer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	edecrea.	Accident, suicide, or homicide?
C.S. elect C	9 5	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CANADAM CANADAM (Address) This was down the	md. R. J. D	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	1 17 0	Manner of injury
Place Sang Run	Date 1933	Nature of injury
19. UNOERTAKER M. M. Son	-pfa	24. Was disease or injury in any way related to occupation of deceased?
(Address) Friendigill	es me.	If so, specify
20. FILED Jacks 27 1932 Jacks	nnette Staller	(Signed) M.
	Registrar.	(Address) - Treatment / Treatment

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(askisio)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

plnods item

A-	1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07213			
UP	1	I. PLACE OF DEATH	(97)			
20		County Garrett	Registration Dist, No. 74 160			
0		Village or City Oas Claud	No. 103 Leenel St., Ward			
0 1		(If Length of residence in city or lown where death occurred 60 yrs. / mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?			
nen			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	2. FULL NAME Leady Frances Smill					
	(a) Residence: No. / Q 3 A Leura (Usual place of abode)		St., Ward. If nonresident give city or town and State			
act		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Ex	3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
ė.	0	truale while widow	(Month) (Day) (Year)			
ifie	5a.	If married, widowed, or divorced HUSBAND of O	22. I HEREBY CERTIFY, That I attended deceased from			
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.		(or) WIFE OF Mars Hanny Swell	Jan 193 , to July 3 1933			
	6.	DATE OF BIRTH (month, day, and year) December 8, 1843	I last saw h alive on 28 ,1933; death is said			
	7.	AGE Yaars Months Days If LESS than	to hava occurred on tha data stated abova, al.2			
rop	8	99 6 25 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
	N	8. Trada, profassion, or particular / kind of work done, as SPINNER,	Date of oneset			
	3. 3. 5a. 5a. 12. 12. 17. 18. 19. 19.	SAWYER, BOOKKEEPER, etc. 119 119 119 119 119 119 119 119 119 11	Veriley-			
ma	UP/	work was done, as SILK MILL, Course				
# #	000	10. Data deceased last worked at this occupation (month and spent in this	Ortonia selevosis. Anotion : ten geora.			
		yaar) occupation	Other Control of Control			
so t ctio	12.	BIRTHPLACE (city or town) Sefferson, Md	Other Coatributory Causes of importance:			
terms, so instructi	_	(Stata or country)				
	HER	13. NAME John Cecleandson				
in t	FAT	14. BIRTHPLACE (city or town)	Name of operation Data of			
100	-	(State or country)	What tast confirmed diagnosis? Was there an autopsy?			
EATH in plain t important. See	H	15. MAIDEN NAME / MUM LYM HOOCO	23. If death was due to axternal causes (VIOLENCE) fill in also the following:			
		16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
台道		12 7/1 000	Where did injury occur? (Specify city or town, county and State)			
AN	17.	INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
E OF is ver	18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury			
		Place Carlando Date July 15, 1933	Nature of injury			
NO IO	19. UNDERTAKER EMPS Boldy		24. Was disease or injury in any way related to occupation of deceased?			
DH			If so, specify			
)	20	FILEBRULY 4 1933 Julia Nowan	(Signed) . Z. Danewaly M. D.			
1	20.	Loud Registrar.	(Address) Oarland mel			
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND-CERTIFICATE OF DEATH

07214

1. PLACE OF DEATH.	R3 19-1
County Farrett	Registration Dist. No. 112
Village or City Nitymeller	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Kennett, Ward	still back
62 / 1 1 1 1	- summer age
(a) Residence: No. CLP Darker W. Ua. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)	21. DATE OF DEATH 30, 1933
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) July 23 1917	I last saw halive on Tuntanoun dale 19; death is said
7. AGE Years Months Days LESS than	to have occurred on the date stated above, at 1 .m.
16 7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and companies) the second in this companies (month and companies).	Drowned While Olirimming
9. Industry or business in which work was done, as SILK MILL,	,
SAW MILL, BANK, etc.	- in river
10. Date deceased last worked at this occupation (month and year) year)	
806 40.1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
	- / 101
E 1006	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Cara Lyon	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Provents. Date of injury July 3.
(State or country) W. 7/4	Where did injury occur? in Cotomic River Kitzinelle med
17. INFORMANT Haway Stullenburger (Address) Elb Manday IV Wa	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. In Paramac River While Durmmine
18, BURIAL CREMATION OR REMOVAL	Manner of injury NOVO
Place [] [] - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Or Deadle	24. Was disease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER (Address)	If so, specify
1. 4. 431 33 1 4 Barrick	(Signed) Urdvern 1. tidle M.D.
20. FILESCUT &, 10 2 Registrar.	(Address) Blanks All

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(881 C #95	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 0/215
01 -	Profession 20119
Village or City Does Fash	Registration Dist. No. 70 169
Village of City	ND St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Louisa Jone Atu	emt
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
emale white misqued	(Month) (Day) (Yeer)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Naunefuel Leving ton to	1 HEREBY CERTIFY, That I attended deceased from
10 -2160	I last saw h. U. alive on June 76", 19-33; death is sei
DATE OF BIRTH (month, day, and year) June 13, 1834. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 10'. Zuam.
7 G 1 day,hrs.	
8. Trade, profession, or particular	were es follows:
shind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL,	Hengles Care serves
work was done, as SILK MILL, SAW MILL, BANK, etc	Al spille concentration
10. Dete deceased last worked at this occupation (month and spant in this	
year) occupation	Diba Cadellia Canadana
2. BIRTHPLACE (city or town) James	Dther Coatributory Causes of Importance:
(State or country) Genner Co. W.O.C.	
13. NAME John Ellison 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Barbour Co. W. Va	What test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME Sarahl Wood ford	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country) Borbauc Co, Wow	Where did injury occur?
, INFORMANT Mrs. W. 9. White	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Rolle Hell Deer Park Mil	- Thou
B. BURIAL, UREMATION, OR REMOVAL DA 3 1 23	Manner of injury
Place Dur Farb IVII Date July 2 19 3	Nature of injury
morning morn Bolde	24. Was disease or injury in any way related to occupation of deceased?
9 DNDERTAKER (Address)	If so, specify
Milliana 3a Ma / aller	(Signed) As All (1/07/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
0. FILED 19 , 19 d 7 / 10 0 , 9 . WWW. Register.	(Address) (Kelland Md)
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		